

Dublin Chiropractic Center



Dr. Terry P. Magee ◆ 5194 Blazer Memorial Parkway ◆ Dublin, Ohio 43017
Phone (614) 889-7499 ◆ Fax (614) 889-7544

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

Conduct, plan, and direct my treatment and follow-up among the multiple-healthcare providers who may be involved in that treatment directly and indirectly.

Obtain payment from third-party payers.

Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name: _____

Signature: _____

Relationship to Patient: _____

Date: _____

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgment on this Notice of Privacy Practices Acknowledgment, but was unable to do so as documented below.

Date: _____ Initials: _____ Reason: _____

· Welcome to Dublin Chiropractic Center

PATIENT INFORMATION

Dr. Mr. Mrs. Ms. (circle one)

Last Name _____ First Name _____ MI _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone _____ Birthdate _____

Social Security # _____ Email Address _____

Drivers License # _____ State Issued _____

Occupation _____ Employer Name _____

Employer Address _____

City _____ State _____ Zip _____

Work Phone _____ Ext. _____

Insurance Company _____

Policy Holder Name _____ Policy Holder Birthdate _____

(We will photo copy your insurance card)

Your Primary Dr. _____

Who referred you to Dr. Magee Patient (Name) _____

Insurance Company Yellow Pages Local Newspaper Other

Spouse's Last Name _____ First Name _____ MI _____

Employer Name _____ Employer Phone Number _____

In Case of Emergency Contact

Name _____ Relationship _____

Phone Number _____

SUBJECTIVE SYMPTOMS

Explain **WHEN** and **HOW** it happened:

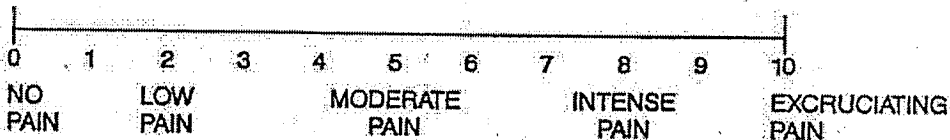
COMPLAINTS/SYMPTOMS: Come and go Came on gradually Came on suddenly

Symptoms have persisted for: Hours 1 Day Days Weeks Months Years

Symptoms developed from: A work-related injury An auto accident Neither a work or auto accident

PRESENT COMPLAINTS—PLEASE BE SPECIFIC: _____

PAIN LEVEL: On a scale of 0–10, with 0 being you're pain free and can function quite well, and 10 being you're in excruciating pain all the time, where would you rate the intensity of your pain?



What makes your condition worse? Nothing Lifting Trying to stand Standing Walking Sitting Movement Exercise Inactivity Work activities Home activities Other

What makes your condition better? Nothing Standing Walking Sitting Movement Exercise Inactivity Lying down Sleep Hot shower/bath Stretching Other

Have you ever had this condition/problem before? No

If yes, when? _____

Give name(s) of doctor(s) previously seen for this present condition _____

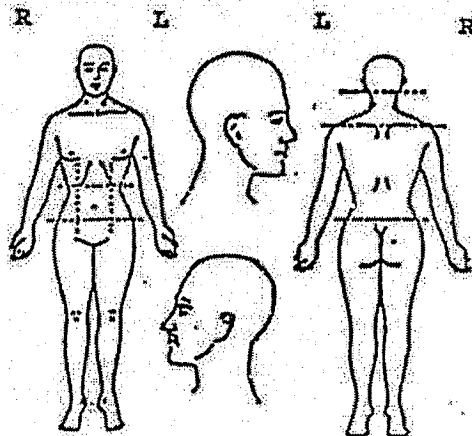
What medications are you presently taking? _____

ABILITY TO PERFORM THE FOLLOWING ACTIVITIES:

CODES: U=Unable P=Painful D=Difficult
L=Limited N=Normal

- Coughing or sneezing
- Getting in or out of a car
- Bending over forward
- Putting on clothes
- Putting on shoes
- Turning over in bed
- Getting out of bed
- Standing for more than 10 minutes
- Standing for more than 60 minutes
- Walking short distances
- Lying flat on stomach
- Lying on side with knees bent
- Climbing
- Kneeling
- Balancing
- Sitting
- Looking back
- Sleeping
- Stooping
- Gripping
- Pushing
- Pulling
- Reaching
- Sexual Activity

SHADE AND CODE AREA(S) OF COMPLAINT: USE CODES: P=Pain N=Numb S=Spasm



CHECK YOUR NERVOUS SYSTEM COMPLAINTS

- Blurring vision
- Buzzing or ringing in ears
- Confusion
- Convulsions
- Depression or crying spells
- Dizziness
- Fainting
- Paralysis
- Headaches
- How often do you have headaches? _____
- Loss of sleep
- Low resistance
- Muscle jerking
- Numbness

(WOMEN ONLY) Are you pregnant?
Date of onset of last menstrual cycle _____

Give date of last X-rays: _____

What body parts were they taken of? _____

Symptoms are **BETTER** in: AM Midday PM

Symptoms are **WORSE** in: AM Midday PM

Symptoms do not change with time of day

FAMILY HISTORY: (heart/lung/back/neck problems)

Father: _____ Brother(s): _____
Mother: _____ Sister(s): _____

Name _____ Date _____

File # _____ Occupation _____

The purpose of this agreement is to clarify your financial responsibilities so we can devote our efforts to helping you get the best results in the shortest amount of time. These are some of the most common services we provide and when they are performed.

<u>PROCEDURE</u>	<u>PURPOSE</u>	<u>PERFORMED</u>	<u>FEE RANGE</u>
Consultation	Tour the office, meet the Doctor, discuss your health concerns and review your case history	First Visit, New Injuries, New Condition	N/C
Examinations	Ascertain the nature and severity of your health concern. Assess and evaluate your current health status and determine an appropriate course of action	First Visit, New Conditions, new exacerbations's, and progress exams	\$40-150
X-rays	Visualize the location of spinal problems and confirm other examination findings	If necessary, first visit, reinjuries and at certain progress exams	\$35-40 per view
Report of Findings	An explanation by the Doctor of what was uncovered by your examinations, if chiropractic can help, and if so, provide and offer a treatment plan and home care	Provided after the Doctor studies your examination findings	\$45
Office Visits/Chiropractic Adjustments	Reduce the Vertebral Subluxation Complex and help stabilize your spinal or joint problem	As indicated by examination or evaluation	\$28-80
Spinal Decompression/Traction	Decompress the spinal column, drop intradiscal pressure, increase disc height, adjust and restore motion to facet joints	As indicated by examination or evaluation	\$25-30
Therapy	Reduce inflammation and swelling, speed the healing process and provide relief	As indicated by examination or evaluation	\$8-25
Therapeutic Exercises	Supervised rehabilitative exercises designed to gradually strengthen tissues, relieve pain, increase capillary action, loosen adhesions and increase muscle stability	As indicated by examination or evaluation	\$25
Missed Appointment	Effective May 1, 2005 a fee for missed appointments will be charged to the patient. Please notify our office within 24 hours if you need to change your appointment time.		\$15

Workers Compensation: This office will accept full assignment for approved Workers Compensation on the allowed conditions only.

Auto/Personal Injury: Your Auto Medical insurance will be billed on all auto/personal injury patients/claims. A detailed review of billing protocol will be reviewed and provided for you.

Health Insurance: Once billed to your health insurance this office will wait 30 days, by health insurance guidelines, for payment on any services provided. If you have approved major Health Insurance, payment of any copay, coinsurance or deductible is due at the time of service or upon receipt of a statement. As the policy holder of your plan, you authorize direct payment to Dr. Terry Magee, Dublin Chiropractic Center for services rendered. Patient must submit to secondary insurance if applicable. An Insurance Benefits Verification for chiropractic coverage will be reviewed and provided for you.

Medicare: This office will accept Medicare until December 31, 2009, excluding x-rays, examinations and supplements/supplies. Medicare will forward claims and balances to your secondary or supplemental insurance plans.

Medicaid: This office will accept full assignment from Medicaid, if you have a current health card. We will need a copy of your card for our files each month.

Self Pay: This office will accept Self Paying patients. A cash payment plan will be reviewed with you and signed by a representative from our billing staff.

I hereby authorize Dr. Terry P. Magee and whomever he may designate as his assistants to administer treatment as he deems necessary to me or my children. I understand I am responsible for payment of all services rendered to me or my children. This office will not assume any responsibility should your insurance company, for any reason refuse to pay. I understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable. I authorize use of this form on all my submissions. I permit a copy of this authorization to be used in place of its original.

Signature (Patient or Guardian)

Date

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DIRECTIONS TO DUBLIN CHIROPRACTIC CENTER

FROM 161/FRANTZ RD. (From 270)

Exit 17A (East on 161) from 270

Right On Frantz Rd. (McDonalds & Embassy Suites on intersection)

3 lights to your right, Blazer Parkway

On Blazer Parkway - to fourth driveway to your right, Parkway Professional Plaza
1st building on left (of the directory sign) 5194 Blazer Parkway, our sign is on the
large glass window next to the front door.

FROM 161/FRANTZ RD. (From Sawmill)

Left at Frantz Rd. (McDonalds & Embassy Suites at intersection)

3 lights to your right, Blazer Parkway

On Blazer Parkway - to fourth driveway to your right, Parkway Professional Plaza
1st building on left (of the directory sign) 5194 Blazer Parkway, our sign is on the
large glass window next to the front door.

FROM TUTTLE/270

Exit 270 towards Tuttle Mall

Turn Left on Blazer Parkway (McDonalds and Chipotle at intersection)

go to the 2nd light/thru the light (Rings and Blazer)

Remain on Blazer Parkway from intersection count 7 driveways to your left

turn left at Parkway Professional Plaza

1st building on left (of the directory sign) 5194 Blazer Parkway, our sign is on the
large glass window next to the front door.

FROM 33/BRIDGE/HAYDEN RUN

Right on Frantz Road, to the 7th light, left at Blazer Parkway

On Blazer Parkway - to fourth driveway to your right, Parkway Professional Plaza
1st building on left (of the directory sign) 5194 Blazer Parkway, our sign is on the
large glass window next to the front door.

FROM TUTTLE/FRANTZ RD.

5 Lights to Blazer Parkway, Left on Blazer Parkway

On Blazer Parkway - to fourth driveway to your right, Parkway Professional Plaza
1st building on left (of the directory sign) 5194 Blazer Parkway, our sign is on the
large glass window next to the front door.